

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 4

2. STATE:

Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Various sections

7. FEDERAL BUDGET IMPACT:

a. FFY2000/2001 \$ 0

b. FFY2001/2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Limitations, page ~~3~~ 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A Limitations, page ~~3~~ 6

10. SUBJECT OF AMENDMENT:

Other practitioners' services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Lynn Dunton

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

March 28, 2001

16. RETURN TO:

AHCCCS
Mail Drop 4200
801 East Jefferson
Phoenix, AZ 85034

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 29, 2001

18. DATE APPROVED:

June 14, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator
Division of Medicaid

23. REMARKS:

6. Medical care and any other types of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6a. Podiatrists' services.

Podiatry services when provided by a licensed podiatrist.

In order for a member to receive routine foot care, the member must be receiving medical treatment from a primary care provider for a systemic disease which is of such severity that performance of foot care services by a non-professional would be hazardous to the member.

6b. Optometrists' services.

Optometrists' services when they are provided by a licensed optometrist. See section 12d for limitations on eyeglasses and contact lenses.

6d. Other practitioners' services.

Other practitioners' services provided by:

- i. Respiratory Therapists
- ii. Certified Nurse Practitioners
- iii. Certified Registered Nurse Anesthetists
- iv. Non-physician First Surgical Assistants
- v. Physician Assistants
- vi. Licensed midwives within the limitations provided in the AHCCCS policy and procedures
- vii. Non-physician behavioral health professionals, as defined in rule, when the services are provided by social workers, physician assistants, psychologists, counselors, registered nurses, certified psychiatric nurse practitioners, behavioral health technicians, and other approved therapists who meet all applicable state standards. Except for behavioral health services provided by psychologists, certified psychiatric nurse practitioners and physician's assistants supervised by AHCCCS registered psychiatrists, certified independent social workers, certified marriage/family therapists, and certified professional counselors, all non-physician behavioral health professional services shall be provided by professionals affiliated with an approved behavioral health setting in accordance with AHCCCS policies and procedures.